



Collection Affiliate Application Form

Affiliate Facility Information

Facility Name _____

Contact Person _____ Position _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax _____

Do you have a digital camera on hand? _____ Do you have internet access? _____

Do you have a licensed phlebotomist to collect blood specimens? _____

Do you provide mobile collection service? _____

What are your operating hours? _____

Suggested Cost: _____ (per person)

Scheduling Information

Scheduling Contact _____ Phone _____

Business References:

	Name	Phone	Relationship
1.	_____	_____	_____
2.	_____	_____	_____

Can we contact these references? _____

Do you provide DNA specimen collection for other laboratories? _____

Are you a vendor for DNA paternity testing services? _____

If yes, which laboratories do you currently use?

Please fax the completed application to **626-737-6221**. We will be in touch with you shortly if we need a collection affiliate in your area. Thank you for your interest in partnering with Universal Genetics.